

Your Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Representing ☐ Self or ☐ Attorney for _____
Attorney Bar Number (if applicable): _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of
the ☐ Guardianship ☐ Conservatorship of

Case Number: PB _____

LETTERS OF APPOINTMENT AS PERMANENT

☐ Adult ☐ Minor

☐ GUARDIAN
☐ CONSERVATOR
☐ GUARDIAN AND CONSERVATOR
AND ACCEPTANCE OF LETTERS

ISSUANCE OF LETTERS:

1. **This person is appointed:** (name) _____ as
☐ guardian, ☐ conservator, or ☐ guardian and conservator for the above captioned ☐ adult or ☐ minor.
2. **Reason for appointment:** The above captioned ☐ adult or ☐ minor is an incapacitated ward and/or protected person.
3. **Length of appointment:** until further order of this court order: _____
4. **Restrictions** that apply to this permanent appointment, by order of the court: _____

5. MENTAL HEALTH CARE:

- ☐ **OUTPATIENT MENTAL HEALTH CARE.** The Guardian has the authority to consent for the Ward/Incapacitated Person to receive outpatient mental health care and treatment.
- ☐ **INPATIENT MENTAL HEALTH CARE.** The Guardian has the authority to place the ward in a level one behavioral health facility for inpatient mental health care and treatment. This authority expires on _____ (date).

6. DRIVING PRIVILEGES.

- ☐ The Ward/Incapacitated Person's right to obtain or retain a driver's license **is** suspended. OR
- ☐ The Ward/Incapacitated Person's right to obtain or retain a driver's license **is not** suspended.

WITNESS: _____

CLERK OF THE SUPERIOR COURT

SEAL

By: _____
Deputy Clerk

ACCEPTANCE OF LETTERS OF APPOINTMENT

State of Arizona)
Maricopa County) ss.

I accept the duties as permanent guardian and/or conservator of (NAME)_____ and
I swear that I will perform these duties according to law.

GUARDIAN AND/OR CONSERVATOR

Subscribed and sworn to before me this date: _____ by _____

My Commission Expires:

Deputy Clerk/Notary Public